

## Kansas Department of Health and Environment Division of Environment Bureau of Air and Radiation

## **COMPOSITE MESH PADS**

1) Source ID Number:
2) Company/Source Name:
3) Composite Mesh Pads identification number or designation:
4) What emission unit(s) or source(s) of emissions is(are) vented to the composite mesh pads?
a
b
C
d
5) Description of particulate collected:
6) Manufacturer:
Date of Manufacture:
Model No.:
Rated Control Efficiency:%
Capture Efficiency: %
Date of Installation:
7) Velocity of gas stream: fps
8) Pad periodically cleaned:; If yes, how often:
9) Pressure drop ( $\Delta$ P) to achieve compliance, manufacturers specification or recommendation:inches of H <sub>2</sub> O
10) Is there a device provided to measure pressure drop across the composite mesh pads?  If yes, specify device:
11) Emission discharge to atmosphere ft. above grade through stack or duct diameter at °F temperature, with cfm flow rate and fps velocity.